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Sut	estitute for form 1449/PTO			Complete if Known		
				Application Number	10/711,735	
I IN	IFORMATION	I DI	SCLOSURE	Filing Date	September 30, 2004	
l s	TATEMENT E	3Y /	APPLICANT	First Named Inventor	Lee Laborczfalvi	
				Art Unit	2195	
	(Use as many she	eets as	s necessary)	Examiner Name	Huaracha, Willy W.	
Sheet	1	of	3	Attorney Docket Number	2006579-0243 (CTX-108)	

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	(Use as many sheets as necessary)			Examiner Name	Huaracha, Willy W.	
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Exa:	niner Is	Cite No.1	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, cot.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T²
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered, Include copy of this form with next communication to applicant.

Examiner Signature	/Willy Huaracha/	Date Considered	07/21/2010

^{&#}x27;Applicant's unique citation designation number (optional). 'Applicant is to place a check mark here if English language Translation is attached.